

APPLICATION FOR ELECTRICAL PERMIT

COUNTY OF LOS ANGELES BUILDING AND SAFETY

FOR APPLICANT TO FILL IN			
	EACH	NO.	FEE
New Residential Bldgs. & Pools			
1 & 2-Family, Sq. Ft. _____	\$/	—	\$
Multi-family Sq. Ft. _____		—	
Residential Swimming Pools			
Outlets: Rec _____ Light _____ Sw. _____			
First 20 _____			
Total No. _____ Additional _____			
Lighting Fixtures			
First 20 _____			
Total No. _____ Additional _____			
Fixed Appliances Not Over 1 HP			
Range _____ Heater _____ D.W. _____			
Oven _____ Dryer _____ W.M. _____			
Top _____ FAU <input checked="" type="checkbox"/> W.H. _____			
Hood _____ Fan _____ Other _____			
Disp. _____ Room Air Cond. _____			2 50
Power Apparatus & Large Appliances			
Size & Type HP, KW, KVA, or KVAR			
Up to 1 Incl.			
3 HP			5 00
Over 1 to 10 Incl.			
Over 10 to 50 Incl.			
Over 50 to 100 Inc.			
Over 100			
Services			12 50
0 - 200 Amp. Under 600 V			
201-1000 Amp. Under 600 V			
Over 1000 Amp. or Over 600 V			
Temp. Power Pole & Appurtenances			
Sign with One Branch Circuit			
Additional Sign Branch Circuits			
Misc. Conduits & Conductors			
Other (See Complete Fee Schedule)			
PERMIT FEE (Sub-Total)			20 00
PLAN CHECKING FEE (One-Fourth Permit Fee)			
PERMIT ISSUING FEE			7 00
TOTAL FEE			27.00

JOB ADDRESS	2081 N. REDDING
LOCALITY	SOUTH SAN GABRIEL
NEAREST CROSS ST.	
OWNER OR FIRM NAME	EDWARDS, CLARENCE
MAIL ADDRESS	SAME
CITY	S. SAN GABRIEL Tel. No. 280-635
PLAN CHECK APPLICANT	
ADDRESS	
CITY	Tel. No.
PERMIT APPLICANT	TRANE HCC
ADDRESS	2034 N. PECK RD.
CITY	S. EL MONTE Tel. No. 579-7982
LICENSE OR REG. NUMBER	265094 Class C-10
I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL COUNTY ORDINANCES AND STATE LAWS REGULATING ELECTRICAL WIRING.	
I HEREBY CERTIFY THAT I AM PROPERLY REGISTERED AND/OR LICENSED AS REQUIRED BY LOS ANGELES COUNTY AND STATE OF CALIFORNIA OR THAT I AM THE LEGAL OWNER OF THE ABOVE DESCRIBED RESIDENTIAL PROPERTY.	
PERMITEE SIGNATURE	<i>[Signature]</i>
DISTRICT NO.	5.0
PROCESSED BY	<i>[Signature]</i>

INSPECTION INFORMATION ON REVERSE SIDE	PLAN CHECK VALIDATION	#0242A
		#.....2
		1..27.00
		1..27.00
		0507-80
	PERMIT VALIDATION	

INSPECTION FINALED
date: 5/8/10 By *[Signature]*

INSPECTOR COPY

APPROVALS	DATE	INSPECTOR'S SIGNATURE
TEMP. POWER POLE		
UNDERSLAB WORK		
ROUGH CONDUIT		
WIRING		
FIXTURES		
POWER AUTHORIZED	5/8/80	
UTILITY CO. NOTIFIED	5/8/80	
FINAL	Enter on front	

NOTES

ASASOB

S.....

1...S700

500S...

0203-80

APPLICATION FOR PLUMBING PERMIT

COUNTY OF LOS ANGELES

BUILDING AND SAFETY

FOR APPLICANT TO FILL IN (PRINT OR TYPE)				BUILDING ADDRESS	
NUMBER	FIXTURE OR ITEM	@	FEE	2081 N. REDDING	
	WATER CLOSET			LOCALITY SOUTH SAN GABRIEL	
	BATH TUB			NEAREST CROSS ST.	
	SHOWER			OWNER EDWARDS, CLARENCE	
	LAVATORY			MAIL ADDRESS SAME	
	SINK			CITY SOUTH SAN GABRIEL TEL. NO 280-6351	
	DISHWASHER			CONTRACTOR TRANE HCC	
	CLOTHES WASHER			ADDRESS 2034 N. PECK RD.	
	SWIMMING POOL RECEPTOR			CITY S. EL MONTE TEL. NO. 579-7982	
	LAWN SPRINKLER SYSTEM			STATE LICENSE NO. 265094 LIC. CLASS C-20	
	WATER HEATER				
1	GAS SYSTEM	1	OUTLETS	3	00
	OUTLETS OVER 5 PER SYSTEM				
<i>existing line</i>				APPROVALS	
				DATE	
Plan check fee				INSPECTOR'S SIGNATURE	
PLUMBING PERMIT ISSUING FEE \$				7	00
TOTAL FEE				10	00
Plan check applicant					
Name					
Address					
City Tel. No.					
<p>I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL COUNTY ORDINANCES AND STATE LAWS REGULATING PLUMBING.</p> <p>I HEREBY CERTIFY THAT I AM PROPERLY REGISTERED AND/OR LICENSED AS REQUIRED BY LOS ANGELES COUNTY AND STATE OF CALIFORNIA OR THAT I AM THE LEGAL OWNER OF, AND INTEND TO RESIDE IN THE ABOVE DESCRIBED RESIDENTIAL PROPERTY.</p>					
SIGNATURE OF PERMITTEE <i>WB Smith</i>					
DISTRICT NO. <i>510</i> PROCESSED BY <i>Rafael</i>					
INDUSTRIAL WASTE APPROVAL					

APPROVALS	DATE	INSPECTOR'S SIGNATURE
UNDER SLAB WORK		
ROUGH PLUMBING		
GAS PIPING		
GAS VENT		
HOT WATER HEATER		
PLUMBING FIXTURES		
GAS TEST		
UTILITY CO. NOTIFIED		
FINAL	<i>5/8/80</i>	<i>PDN</i>

INSPECTOR COPY

0244A

#...5

1...1000

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0507-80

PERMIT VALIDATION

APPLICATION FOR PERMIT HEATING - VENTILATING - AIR CONDITIONING

COUNTY OF LOS ANGELES

BUILDING AND SAFETY

FOR APPLICANT TO FILL IN

(PRINT OR TYPE ONLY)

NO.	TYPE OF APPLIANCE OR EQUIPMENT	FEE
	ABSORPTION UNIT, BTU _____	
	AIR HANDLING UNIT, CFM _____	
	BOILER, BTU _____	
1	COMPRESSOR, BTU <u>3 HP</u>	10 00
	VENTILATION SYSTEM	
	EVAPORATIVE COOLER	
1	FURNACE: FAU <input checked="" type="checkbox"/> GRAVITY FLOOR _____ BTU <u>100,000</u>	10 00
	HEATER: SUSPENDED _____ UNIT _____ WALL _____	

Plan check fee 25% of above.

PERMIT ISSUING FEE \$ 7 00

TOTAL FEE 27 00

PLAN CHECK APPLICANT

NAME

ADDRESS

CITY TEL. NO.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL ORDINANCES AND LAWS REGULATING HEATING, VENTILATING, AIR CONDITIONING.

I HEREBY CERTIFY THAT I AM NOT ACTING IN VIOLATION OF CHAPTER 9, DIVISION 3, OF THE BUSINESS AND PROFESSIONAL CODE OF THE STATE OF CALIFORNIA.

SIGNATURE
OF PERMITTEE

DISTRICT NO.

PROCESSED BY

BUILDING
ADDRESS

2081 N. REDDING

LOCALITY

SOUTH SAN GABRIEL

NEAREST
CROSS ST.

OWNER

EDWARDS, CLARENCE

MAIL
ADDRESS

SAME

CITY SOUTH SAN GABRIEL TEL. NO. 280-6351

CONTRACTOR

TRANE HCC

ADDRESS

2034 N. PECK RD.

CITY S. EL MONTE TEL. NO. 579-7981

STATE
LICENSE NO.

265094

LIC.
CLASS C-20

APPROVALS

DATE

INSPECTOR'S SIGNATURE

ROUGH

FINAL

INSPECTION RECORD

PLAN CHECK VALIDATION

PERMIT VALIDATION

20243A

#...41

1...27.00

...27.00

0507-80

INSPECTOR COPY